



**CITY OF HENDERSON
WATER/SEWER/SANITATION
SERVICE APPLICATION**

Customer Name: _____

Address of Service: _____

Social Security #: _____ Driver's License # & State: _____

Birth date: _____ Home Phone Number: _____

Place of Employment _____ Daytime Phone #: _____

Mailing Address: _____

Own ___ Lease ___ Landlord's Name _____ Phone # _____

Date for Service Connection _____

Previous Address _____ Stop Service Date _____

The City of Henderson offers the convenience of having your water/sewer/sanitation bills drafted from your checking account. There is no charge for this service.

Do you prefer this option? Yes _____ No _____

I, the undersigned have completed this application, and to the best of my knowledge, all information is correct. I understand that the water, sewer and sanitation bills are due and payable 20 days from the billing date. I understand if the bills are not paid when due, it will result in termination of water/sewer service until all monies and penalties are paid in full. Sanitation fees will continue to be added to all occupied residences. I further understand that it shall be unlawful to give false information or misrepresentation in making this application and, if it is determined that false information has been given on this application, my services may be disconnected without further notice.

Signature _____

Date: _____ Time: _____

FOR OFFICE USE ONLY:

SERVICES TO BE PROVIDED:

Transfer Acct # _____
New Route/Seq# _____
Work Order # _____

Entered by _____

Date _____

Water	inside	/	outside
Sprinkler (Lawn)	yes	/	no
Hydrant	yes	/	no
Sewer	inside	/	outside
Sanitation	yes	/	no
Senior Citizens Sanitation	yes	/	no